

HEADQUARTERS
EUROPEAN THEATER OF OPERATIONS
UNITED STATES ARMY
Office of the Chief Surgeon
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Medical Intelligence Summary No. 2016 October 1944

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THE SURGEON GENERAL

20 NOV 1950
Lt. Colonel M. E. Beckham, MSG
Security Officer, S.S.O.

1. Information from Prisoners of War.

a. Medical conditions in the German army.

(1) Ear Battalion. Information has been received of the formation of another limited service group known as "Ohren Battalion" or "Ear Battalion" (See Medical Intelligence Summary No. 18). In contradistinction to the "Magen Battalions" (Stomach Battalions), the "Ohren Battalions" were selected from among limited service personnel to be trained for front line duty. Personnel were taken from Landeschutz (Home Defense Units) and labor groups and were trained as riflemen and machinegunners. All men in this Battalion had some type of ear trouble and most were partially deaf. "Magen Battalions" or "Stomach Battalions" were originally formed as labor or clerical units and were thrown into combat as an emergency measure while the "Ohren Battalions" were designed for combat originally.

(2) A study of captured German medical equipment obtained through Medical Enemy Equipment Intelligence Team indicates that a considerable number of individuals ordinarily classed as unfit for military service are being accepted. For example, numerous trusses for the control of hernias have been found in the majority of German Medical Depots. These trusses are suitable for unilateral and bilateral hernias. The medical chest of Zug Feldlazaretto (Mobile Field Hospital) also contains a supply of trusses. Examination of certain types of ophthalmologic equipment and an examination of glasses already prepared for use indicates that some individuals accepted for military service had marked refractive errors. Some lenses have been found which apparently were prepared for high myopes of the severe progressive variety.

It has also been noticed that among captured German medical supplies there is a considerable number of patent medicines and remedies for such ailments as indigestion, nervousness, constipation and cardiac difficulties. Field kits of German medical aid men contain a variety of materials, many of which have little or no use in actual field first aid; instead they contain a number of types of drugs for the treatment of minor ailments as described above. The field kit may contain sodium bicarbonate, laxatives, opium tablets, aspirin, Cardiazol (heart stimulant), salicylic acid ointment, alkaline eye ointment and Fuss-schweiss-salbe (anhydrotic foot salve).

(3) Examination of various types of German surgical instruments indicates that materials manufactured prior to 1943 were all constructed of good basic materials. Since that time numerous substitutions and improvisations have appeared among which may be mentioned porcelain abdominal retractors, the use of lightweight cast iron-coated aluminum paint in place of aluminum in the construction of operating tables, etc., and the use of dull finish cast metal for handles of various types of instruments in place of the highly finished products of previous years.

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(4) A report from Prisoners of War verifies the existence of a large German hospital center in Vienna, known as Lazgruppe 22. This is stated to be composed of from 10 to 15 military general hospitals. This hospital center is only one of approximately 25 such centers in Vienna, and the total number of hospitals involved is approximately 100. This is reported to be the largest of the German military medical installations.

2. Organization of Wehrkreis Headquarters, MIRS/BMS/14, War Office, 18 August 44; file No. 260 SAL/G 1470-S.

a. This paper presents the first breakdown of the staff of a Wehrkreis HQ, which has been available. Wehrkreis staffs, although similar throughout Germany, may differ to a considerable extent from one Wehrkreis to another in matters of detail. A broad "pattern" Wehrkreis staff is given in this document, which serves to indicate the general structure and function of the Wehrkreis. Wehrkreises correspond to "Service Commands" in the Zone of the Interior.

b. Medical installations or administrative branches included in the Wehrkreis HQ usually consist of the following:

- (1) Wehrkreisarzt, sometimes called Korpsarzt -- Wehrkreis Surgeon.
- (2) Wehrkreisveterinar -- Wehrkreis Veterinarian.
- (3) "Fürsorge und Versorgung" -- Public Welfare & Supply.

c. In the purely administrative portion of the Wehrkreis, there are two additional bureaus dealing with medical matters. The first is the Abfindung der beratenden Aerzte mit Kriegsbesoldung, Familienunterhalt, etc.-- Payment of consulting doctors with active service pay, family subsidies, etc. The second administrative branch is the Lazarettangelegenheiten, which apparently is the supervisory body for hospital administration within the Wehrkreis. The functions of the various medical sections of the Wehrkreis HQ are not defined nor is any indication given as to the number of personnel employed in the medical activities necessary to such a HQ.

d. Among the extraneous headquarters which are found attached to every Wehrkreis is the Kommandeur der Kriegsgefangenen im Wehrkreis, or Commander of prisoners of war in the Wehrkreis. This is an independent staff organization designed for the military administration of prisoners of war and prisoner of war camps. This organization works in conjunction with a bureau known as the Kriegsgefangenenangelegenheiten (PW Affairs Office) and the Verpflegung von Kriegsgefangenen (Rations for PW). It is believed that the major portion of all prisoner of war activities in a given Wehrkreis will be concentrated in the above mentioned office.

3. Medical Information from Captured German Documents:

a. Chemical Warfare. Among papers recently picked up were a series of questions and answers dealing with the use of war gases and the methods of employing chemical warfare. This was apparently a series of notes used by instructors in teaching some of the rudiments of chemical warfare, very probably to enlisted and NCO personnel. A literal translation is given below:

- | | |
|---|---|
| 1. When were gases first used? | In the World War. |
| 2. Who used it? | The French. |
| 3. In what form? | Shooting in grenades. |
| 4. What was the effect? | Very small. |
| 5. What kind of gases were used? | White Cross.* |
| 6. When was it used? | 1914. |
| 7. When was it used by the Germans? | April 1915. |
| 8. Where? | Flanders at Ypers. |
| 9. What method was used? | The gas was blown from steel flasks. |
| 10. How many steel flasks had been used? | 5,000 steel flasks. |
| 11. What was the effect? | The effect was tremendous but the High Command did not take advantage of it. |
| 12. Why not? | Because they did not expect such a tremendous success and they did not make preparations for a decisive break-thru. |
| 13. What gases were used in this attack? | Green Cross.* |
| 14. Where was Green Cross used again? | In 1915 on the Russian front at Borodino, at the time when the attack was successful. |
| 15. When was gas used again? | 1917, Blue Cross. |
| 16. Where? | In Flanders, at a German attack. |
| 17. When was Yellow Cross first used?* | Also in 1917 at Ypers- used by the Germans. |
| 18. Did the enemy use Yellow Cross also? | Yes, the Americans. |
| 19. What is the name of this gas? | Lewisite. |
| 20. What agreement has been made concerning the use of gas? | The production and use of gas is forbidden in the future. |
| 21. Where was this agreement made? | In a Geneva protocol. |
| 22. What state did not join this protocol? | Russia. |
| 23. What did Russia do later on? | Russia built up its gas production and used it in peace time maneuvers. |

24. Was gas used in this war? In Poland, Yellow Cross was used and German soldiers have been poisoned with Yellow Cross.
25. What are gases really? Poison.
26. What do you mean by poison? Because it does not cause injury but makes him sick.
27. How many gases are there? 6 - 8.
28. Why are there so few gases? Because only so few can be used for military purposes.
29. What characteristics are necessary in a gas to be used for military purposes? 1 - Raw material.
2 - Durability.
3 - Easy handling.
30. In what groups are gases divided? *1 - White Cross - Lachrymators:
Brom-Acetone
Brom-Methyl-Ethyl-Keytone
Brom-Benzyl-Cyanide
Chloracetophenone
*2 - Blue Cross - Irritants:
Diphenylchlorarsine
Diphenylaminechlorarsine
*3 - Green Cross - Suffocating Gases:
Chlorine
Phosgene
Chloropicrin
*4 - Yellow Cross - Corrosive Gases (Vesicants):
Mustard
Ethylchlorarsine
Lewisite
Methylchlorarsine
31. What effects have White - Blue - Green and Yellow Cross? No answer.
32. How can gases otherwise be divided? According to its use - in the air and on the ground.
33. What methods are used to distribute gas? 1 - Aeroplane, (spraying & drizzling).
2 - gas bombs.
34. What further methods? By shooting with gas grenades.
35. What methods of gas-shooting are there? Gas attack - paralyzing-shooting (Laehmungsschiessen) and poisoning-shooting (Vergiftungsschiessen).
36. What is a gas attack? A sudden attack on the troops which are not prepared for gas.
37. What is the purpose of the paralyzing shooting (Laehmungsschiessen)? To keep men under gas masks for a long time.
38. What is poisoning-shooting (Vergiftungsschiessen)? To poison a certain land strip.

39. Are there other methods? Gas-thrower, spraying with spray-wagon, blowing and gas-handgrenades.
40. What gas-protective equipment do you know of?
- 1 - Gas mask.
 - 2 - Special gas mask.
 - 3 - Protective cape.
 - 4 - Skin decontamination drug. (Losantin)(Also, skin decontamination salve: Hautentgiftungssalbe)
 - 5 - Weapon decontamination drug.
41. What protection does the gas mask give? Perfect protection of the face, eyes, respiratory tract against gases from the air and vapors on the ground.
42. What protection does the gas cape give? Protection from gas-rain from the air; used as a base on gas contaminated ground.
43. What is Losantin used for? For skin decontamination of Yellow Cross.
44. What is the weapon decontamination drug used for? To decontaminate the metal and wooden part of the weapon from ground gases.

b. Impregnation of Clothing. From a Division Surgeon of a 271st Infantry Division (German) comes an order dealing with the effectiveness of clothing impregnated with "Lauseto". This substance is one of the standard German lousicides. The order is as follows:

"It has been learned from experience report that confusion exists regarding the effectiveness of impregnation with "Lauseto". Recent examinations show that linen material impregnated with "Lauseto" will maintain the lousicidal properties for 15 months when in stock. When this clothing is worn, the lousicidal properties will last for approximately three months."

c. Surgical Care in the German Army. Dr. Haubenreisser, Army Group Surgeon, issued on the 16 June 1944 a secret letter dealing with the surgical care of German battle casualties. The letter indicates that German surgical practices are similar to those used in the American army and serves to emphasize the difficulties which the German have had with inexperienced medical officers at the front. The letter reads as follows:

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"Army Group Surgeon with
Oberkommando
Army Group D

16 June 1944

Paris

Subject: Surgical Care.

It is necessary to call attention again that GSW must not be stitched under any circumstances. "Directives for Care of Casualties in Forward Medical Installations" are still in effect. Every medical

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officer must be familiar with the contents of this pamphlet. The CO's of the Medical Installations are responsible that the above order be complied with.

"I insist that a report should be given in each case in which this order was disregarded.

"A medical officer was court martialled and sentenced to six months prison in a case where he had stitched a GSW and the patient died from gas gangrene.

"All medical officers and assistants should be notified regarding this.

SIGNED - HAUBENREISSER"

d. Tetanus Prophylaxis. Tetanus toxoid is not administered routinely in the German army but is reserved for special groups such as parachute troops. Consequently it is necessary for battle casualties to receive prophylactic tetanus antitoxin. The following document signed by Dr. Schepokat, Surgeon of the German 7th Army, indicates some of the difficulties, which have been encountered. The subject of the letter is "Refusal of Tetanus Prophylaxis by Casualties" and is translated as follows:

"Following the injury a soldier refused the tetanus antitoxin injection with the argument that he had recently received one and immediately after became ill from a severe serum reaction. Because of this story the battalion surgeon did not administer the required injection and the soldier later became ill from tetanus. Every medical officer must be aware of the fact that tetanus prophylaxis will be administered regardless of the desires of the individual."

Official figures on the incidence of tetanus in the German army have not been obtained but one indication of the severity of the problem is given by a German Staff Surgeon, who stated that among 2,000 battle casualties treated in one hospital, six cases of tetanus developed. For this disease such an incidence is extremely high and is in sharp contradistinction to experiences in the American army where tetanus is completely controlled. In this connection the Army Group Surgeon re-iterated the German policy of providing active immunization against tetanus for all parachutists and warned medical officers that only tetanus toxoid should be used on these individuals after injury. This practice has not been applied to other parts of the German army.

4. a. Complete summaries of medical and sanitary data on the countries listed below have recently been received from the Medical Intelligence Division, Office of the Surgeon General, Washington, D.C.:

Crete
Indo-China
Thailand
Burma
Eritrea
Roumania

The Izu, Bonin, Kazin & Marcus Islands
Philippine Islands
Palau Islands
Caroline Islands
Kamchatka Islands
Celebes

These documents contain a complete background discussion of public health, medical facilities and disease information of the countries named.

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b. A report on the health and economic conditions in Slovenia has been obtained from an observer who spent several months in that country. While not prepared by a medical officer, the observations are acute and give a comprehensive estimate of the present situation in Yugoslavia with regard to health and sanitary conditions. (Reference No.: 372w/G-1454-C)

5. Miscellaneous Disease Information.

a. Tuberculosis in Slovakia. A final report is now available on the results of Mass Radiography of approximately 40,000 Germans living in Slovakia. The X-rays were studied with a view to determining the amount of active tuberculosis in this group of people and results were compared with those of a similar series of 3,000,000 individuals examined in the Reich. The figures are given below:

	In Slovakia	In the Reich for Comparison with 3 million Examinations
Negative results	74.66%	78.57%
Calcified Foci	7.52%	4.72%
Probably active TB	6.87%	2.39%
Pulmonary TB with degenerative foci	0.59%	0.13%
Pneumoconiosis	0.05%	0.39%

b. Foot and Mouth Disease. From the Volkischer Beobachter comes a report describing intensive German measures for saving Europe's cattle stocks from the ravages of foot and mouth disease. It is stated that the last epidemic we have of foot and mouth disease in Europe was between 1937 and 1940. The Germans developed a prophylactic vaccine with which it was possible to carry out active immunization of cattle on a large scale. It is stated that large numbers of cattle in Europe are already protected by this vaccine. Foot and mouth disease has appeared during 1944 both in Holland and in a number of Balkan states. A report of 11 August 1944 indicates that the disease is present and spreading in the Eupen district of Eastern Belgium. The same report describes an outbreak in the vicinity of Dresden in eastern Germany.

c. Typhoid Fever. From a medical officer of an SS Unit in the field comes a report describing the efficacy of German typhoid vaccine. Of the 512 men in the unit, 164 contracted typhoid fever. 15% of the unit had not been inoculated and of these 60% contracted the disease. Of those inoculated 28% developed typhoid fever. In nearly one-half of the inoculated group, the disease appeared in a severe form. Mortality among the inoculated group was 7.8% and among the uninoculated group 28.5%. The conclusion of the German author is that prophylactic inoculation seems to reduce the mortality but does not seem to affect the severity of the disease. A more proper conclusion would seem to be that German typhoid vaccine is relatively ineffectual when compared to U. S. standards. The number of cases was too small to determine individual variations between the inoculated and uninoculated groups.

d. Disease Incidence in Holland.

COUNTRY: NETHERLANDS1944

PERIOD (WEEK ENDING)	TYPHOID	PARA- TYPHOID	SCARLET FEVER	DIPHTHERIA	DYSENTERY	MALARIA	TYPHUS	POLIO- MYELITIS	SPERMATITIS	SMALLPOX	
8 Jan.	6	1	747	1732	49		2	7	2		
15	3	-	772	1930	64		-	7	6		
22	8	2	822	1934	112		1	3	9		
29	7	-	770	2021	85		2	6	7		
5 Feb.	6	2	656	1709	54		-	6	11		
12	9	1	684	1860	67		-	5	3		
19											
26											
4 Mar.											
11	1	2	695	1502	45			8	3		
18	1	-	713	1439	23			9	4		
25	-	1	800	1427	31			13	8		
1 Apr.	1	-	857	1459	24			3	9		
8	4	1	669	1264	43			2	6		
15	2	2	694	1203	22		1	2	7		
22	4	3	670	1252	16			3	6		
29	2	-	673	1227	40			5	9		
6 May	5	3	591	1227	31	56		6	14		
13	2	1	520	1035	25	70		2	4		
20	2	1	561	995	29	65			4		
27	3	9	645	1244	55	108		3	4		
3 June	3	1	494	1053	36	70			8		
10	3	5	592	1084	41	179			10		
17	1	3	456	1043	23	147			5		
24	7	6	440	1096	63	135			3		
1 July	5	609	421	1068	26	115			1		
8	5	220	324	848	23	106			3		
15	6	17	356	969	71	216			8		
22		9	308	894	35	90	6	22	4		
29	10	38	270	963	42	80			4		
5 Aug.		22	325	910	65	118	11	52	1		
TOTALS	PROVISIONAL	-	104	957	16525	36388	1240	1555	23	164	163
	CUMULATIVE	-									

6. Additional medical intelligence material received in this office will be included in Medical Intelligence Summaries to be issued from time to time.

For the Chief Surgeon:

William A. Howard
WILLIAM A. HOWARD

Lt. Col., Medical Corps
Chief, Intelligence Branch
Operations Division.

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